Oxfordshire
Clinical Commissioning Group

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP EXTRAORDINARY BOARD MEETING

20 June 2017, 09.30 – 11.30 Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH

	Dr Joe McManners, Clinical Chair
	David Smith, Chief Executive
	Dr Stephen Attwood, North East Locality Clinical Director (voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr Miles Carter, West Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Dr Jonathan Crawshaw, South West Locality Clinical Director (voting)
	Mike Delaney, Lay Member (non-voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Dr Shelley Hayles, North Deputy Locality Clinical Director (voting) [for Paul Park]
	Gareth Kenworthy, Director of Finance (voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Duncan Smith, Lay Member (voting)
	Kate Terroni, OCC Director for Adult Services (non-voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)
In attendance:	Lesley Corfield - Minutes
Apologies:	Diane Hedges, Chief Operating Officer (non-voting)
	Stuart MacFarlane, Practice Manager Representative (non-voting)
	Dr Jonathan McWilliam, Director of Public Health Oxfordshire (non-voting)
	Dr Paul Park, North Locality Clinical Director (voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)

Item No	Item	Action
1	**Chair's Welcome and Announcements** The Chair welcomed everyone to the meeting and reminded those present the OCCG Extraordinary Board was a meeting in public and not a public meeting. He advised this was an Extraordinary Board meeting to receive the reports of the consultation. For this meeting there would not be an opportunity to ask questions from the floor. Members of the public had been invited to submit written questions ahead of the meeting and Board members would endeavour to answer those relating to the consultation process during the meeting. Written responses to process questions would, as usual, be posted on the website within 20 working days of the meeting.	
2	**Apologies for absence**	

	Apologies were received from the Chief Operating Officer, the Practice Manager Representative, the Director of Public Health, the North Locality Clinical Director and the Medical Specialist Adviser.	
4	**Declarations of Interest** There were no declarations of interest pertaining to the paper or over and above those already recorded.	
5	**Minutes of OCCG Board Meeting held on 25 May 2017** The minutes of the meeting held on 25 May 2017 were approved as an accurate record.	
6	**Matters arising from the Minutes of 25 May 2017** The actions from the 25 May 2017 minutes were reviewed and updates provided where these were not covered under items later on the agenda.	
7	**Report on Phase 1 of the Oxfordshire Transformation Programme Public Consultation** Chair introduced Paper 17/43 containing a detailed consultation report describing the process of the consultation and providing an analysis of the responses. The introductory paper set out the status of the detailed consultation report and the other work being undertaken to support the Board in preparing for the decision-making meeting on 10 August 2017. The Chair explained the main focus for the Board was to consider the paper and the report and to be assured on the consultation process; to note the work commissioned to ensure sufficient information which would be available to enable decision-making at the meeting on 10 August 2017; and to identify any areas where it was felt further additional information was required prior to decision-making. The Chair stressed the Board was not making any decisions during this meeting. The Director of Governance reiterated the focus of the meeting and reminded the Board of the reasons for the consultation being in in two phases; detailed the areas covered in Phase 1 of the consultation; advised the Report was published on the OCCG website. In addition the Board had received copies of all the responses received from MPs, Local Authorities, other organisations and a selection of individual letters. Board Members had also attended the consultation events. The Report contained details of the other engagement which had been undertaken. The Director of Governance summarised the key themes identified from the consultation, the make-up of the more than 10,000 individual responses received and advised 1,400 people had attended the public meetings. The Director of Governance advised during the consultation the Chief Executive of NHS England (NHSE) had announced a new test to be undertaken to ensure processes and services were in place prior to any bed closures. OCCG was confident of the evidence for the services and processes but was undertaking some retrospective assurance from the Thames Valley Clinical Senate and NHSE against the test. Other work being undertaken: an Integrated Impact Assessment (IIA) for Phase 1 and Phase 2 had been commissioned and this was expected to be published in early to mid-July; Healthwatch was conducting a travel survey and asking people about their experience on busy days at the Oxford Hospitals and the Horton General Hospital; a study of actual parking times measuring the time a car arrived on site and the time taken to park; a review of the obstetric options including additional options proposed during the consultation to ensure each of the options had been reviewed thoroughly The Director of Governance advised the Extraordinary meeting had been called to review the Report and to ensure sufficient work had been commissioned to cover any outstanding work. The Extraordinary Board on 10 August 2017 would be a decision making meeting. All the reports and additional information would be published ahead of the meeting on 10 August 2017.	

The Board discussed the paper and the report with points raised grouped under similar themes below.

Cross Boundary Working

- At the Thame and Brackley events concerns had been raised around cross boundary working and difficulties in terms of joint commissioning between CCGs and the provision of integrated coordinated care groups. It was felt this had not been picked up sufficiently in the Report and further work was required especially for the Phase 2 work
- It would be helpful to understand the efforts undertaken on cross border engagement and how this had been captured
- The extent to which the IIA would look at the population outside of Oxfordshire was questioned
- North Oxfordshire residents used maternity services across the borders. An issue had been raised around maintaining continuity both of services and with GPs. There was a need to ensure services outside of the county were fit for purpose
- It would be reasonable to include the Stroke services and patients' further care or repatriation as this would be affected by issues raised in the consultation.

The Director of Governance commented on the need to ensure questions were asked around the work being undertaken to support decision making and the on-going work of the Quality Committee, which would also be reported back to the Board. The Director of Quality observed access and borders were very important but many aspects were on-going work and there was a question around how to interface with people and residents in Oxfordshire which would be a slightly different process.

The Chief Executive observed borders were shared all around Oxfordshire and specialist services from the John Radcliffe covered a very wide footprint. A Commissioning Executive had been formed with Buckinghamshire and Berkshire to help manage the situation but there was a need to consider how best to commission services across the other borders. He remarked boundaries did create difficulties when commissioning services and this needed to be addressed. OCCG had written to both Warwickshire and Nene CCGs to ensure their views were taken into account in decision making.

The Director of Governance advised some patients in South Northamptonshire and Warwickshire might be registered with Oxfordshire GPs and thus be OCCG patients. OCCG had spoken with both South Warwickshire and Nene CCGs as part of the consultation and further follow up work was taking place. OCCG had recognised the need to make contact and had made efforts to ensure they were aware of and engaged in the consultation. As part of the work for the consultation advertising had taken place in those areas; two events had been held in Brackley; and information had been placed in GP settings for patients. The IIA would look at all those affected whether or not they were registered as Oxfordshire patients. This had given rise to an added complication around obtaining data to inform the report as OCCG did not have access to the data and had written to the other CCGs requesting data for their residents.

Analysis of Responses

- Of the 9,248 letters received 8,036 were a template letter meaning well over a 1,000 letters appeared to be individual. A breakdown of analysis of those letters was requested as OCCG owed it to the public if they had made an effort to write to ensure these were fully scrutinised and comments brought out. There was a need to ensure the information was

fully digested and reported to the Board. The Lay Member PPI offered to support this piece of work.

The Director of Governance advised this work would build on work already undertaken advising the letters had all been read. Most were a template but some of the templates had additional comments. The letters had already been read and fed in to the report, but further analysis would be undertaken and the offer of support from the Lay Member PPI was welcomed. The further analysis of the letters would be available for the August meeting.

Survey

- The criticism of the survey should be acknowledged and the Board should be cognisant of that criticism. The survey could have been seen as leading people in a certain direction and as a result there had been some distrust of the survey by members of the public.

The Director of Governance accepted the point but pointed out the survey had not been the only way people could respond. As an example, at the first Banbury meeting a report undertaken by a local campaign group was received and that had been fed into the review undertaken on behalf of OCCG by Qa Research who had been commissioned to analyse the responses and write the consultation report. OCCG had been prepared to take comments in any form people had wished to supply them.

The Chair advised the breakdown indicated there had been a wide spread of comments from many areas. The Director of Quality added the consultation had been well-advertised and there had been good opportunities for people to make comments. More than one way to provide comments had been available and she believed there had been sufficient opportunities including for those who required more support as engagement had taken place with specific groups.

Impact from any loss of service

- The justification for splitting the consultation into two parts was still sound but there was one or two implications from Phase 1 where assurance was required that it would not prejudice the options in Phase 2. For instance the recent reduction in anaesthetist cover at the Horton where OCCG needed information from the Oxford University Hospitals NHS Foundation Trust (OUHFT) on the implications and any effect on other services which would be considered in Phase 2 of the consultation.

The Deputy North Locality Clinical Director stated the need to note and be aware of the possible loss of anaesthetists but advised there was a drive to maintain the facility particularly in regard to A&E. She added that other areas within planned care at the Horton could sustain an anaesthetic service going forward.

The Chair observed part of the consultation was to flush out issues and concerns if it was decided to proceed with changes to services. The loss of anaesthetists was part of this and as yet an answer was not available. He felt there was a need to create a list of items on which further assurance was required and the work to obtain this assurance.

Capacity

- Greater assurance was required around the capacity within the John Radcliffe and the Oxford hospitals to manage the increase in patient numbers
- There was a need to be sure when considering aspects further around services and training that there were no unintended consequences and

there would be staff capacity if changes were made
- A lot of discussion had taken place around staffing and there had been discussion with the Trust. There was a need to be able to present this discussion as there had been some concern about level of staffing and to be clear around assurance
- A concern centred on sufficient work force in primary and community care to cope with bed closures. Would this be covered by the IIA?

The Chair stated midwife and obstetric capacity had previously been discussed but observed there were other areas of concern. The point had also been raised by members of the public and assurance was required.

The Director of Governance advised the IIA would only consider the impact on population groups, travel and access. In terms of the evidence being presented to the Board to help with decision making, this would include information around investments in primary and community services to enable changes to be made. Monies released from bed closures were being reinvested in alternative services. The OCC Director for Adult Services advised the Oxfordshire Joint Health and Overview Committee (HOSC) had considered this aspect closely. HOSC had noted there had been investment, they were keen to ensure patients were not disadvantaged by the decision to close beds and had been closely focussed on the outcomes from the alternative forms of care.

The Director of Quality observed workforce was a constraining factor on all services. Brexit and the removal of bursaries had impacted on the availability of workforce. Retaining staff, encouraging staff to remain and attracting new staff would be a big challenge and constraining factor going forward across all areas.

Ambulance Services
- Assurance was required that ambulance services would be able to cope with changes going forward particularly around maternity where at present there was a dedicated ambulance based at the Horton and there was a question of whether this could continue should the change in obstetric services become permanent
- Some assurance around ambulance services relating to the Special Care Baby Unit (SCBU) and critical care was also required
- There was a need to know the South Central Ambulance Service (SCAS) could deal with the changes on-going but it was also necessary to know the relationship between SCAS and the other ambulance services that would be affected.

The Chief Executive stressed the need to follow up all the issues and to write formally to the OUHFT Board to seek assurances. These assurances would be required for the August meeting. The Chief Executive reminded the Board that representatives from OUHFT had been present at most of the consultation events and had had the opportunity to take part in the discussion. In seeking these assurances OCCG was not starting from scratch as there had been a series of discussions which had been on-going with the Trust and there was a need to build on these discussions to obtain formal assurance from OUHFT. There had been engagement with senior clinical members of the Trust. The Chair stated questions had been raised and answered in public and private meetings but assurance for the OCCG Board was required.

Obstetrics/Maternity
- If it was decided to re-open the obstetric unit as consultant led, there might be a need for staffing to move from the John Radcliffe to cover vacancies. This would result in difficulties in servicing the rest of Oxfordshire. Were

the Board considering the question for all patients in Oxfordshire or a theoretical question around services to Banbury and the surrounding area?

- There was a need to be clear of the impact on Phase 2 of any decision made at the 10 August meeting. Whichever way the decision on obstetric services was taken, it was necessary to be clear the debate would not re-open as part of Phase 2
- Traditionally as a centre of obstetric medicine, the highest risk pregnancies were always delivered at the John Radcliffe. Was there any evidence to show that this group of patients had ever been at risk because of the geographical location of the delivery unit for this group of patients? Had this been considered as part of the consultation? The model for high risk patients had been in place for many years and unless any evidence to the contrary had arisen, the Board should be assured it was a safe model.

The Chair stated the Board needed to consider services for patients for all Oxfordshire but in order to do this, the facts to make an informed decision were required. The Director of Governance confirmed that the focus of the decision was on the provision of safe, effective obstetric services to all patients of Oxfordshire. The Chief Executive acknowledged how difficult for some areas a decision might be when it was made but stressed OCCG must consider the needs for the total population of patients registered with the CCG and for all of Oxfordshire. The decision making would be difficult but part of the need for the consultation was around clinical risk and safety for the whole population and that was the theme through the whole process. The Board needed to remember this was the case.

The Chair advised there had been some options for the obstetrics service and some suggestions had arisen during the consultation. The options and suggestions would be further tested to establish whether or not they were viable. The Chief Executive clarified options had been set down in the original document along with the reasons as to why it was believed none, other than the one consulted on, were viable. This had been challenged. The further testing was not reopening the debate but as part of the assurance process the options would be reassessed and the suggestions considered to provide assurance a rigorous review had been undertaken to determine whether suggestions made as part of the consultation effected the option selected.

The Chief Executive stressed when decisions were made they needed to be based on the consultation undertaken and the responses received. OCCG must take account of the clinical advice on services particularly from the clinicians who were running those services. Any decisions in Phase 1 could not be used to force a decision in Phase 2. However the Board needed to remain aware of change and that the health care service was not static. As yet the midwife led units (MLUs) across the county had not been considered and this needed to be borne in mind. If there were changes before the start of the Phase 2 consultation, these would need to be taken into account. When any decision was made the Board needed to be as assured as it could be around the thoroughness of the process and have all the evidence required to make a decision at that point in time. The Chair commented the Board also needed to be clear what it was making a decision on.

The Deputy North Locality Clinical Director advised prior to and during the consultation there had been focus in the north around safety issues of MLUs. A report last year had shown the MLU was as safe as any other MLU provided the selection process was followed. If patients were screened correctly high risk patients would be referred to the obstetric service as that would be the correct and

safest place for that patient.

Population Analysis

- This was not necessarily an additional piece of work but from an assurance point of view it would be useful for the Board to understand the data used in the population analysis and the methodology and assumptions mapped into the analysis.

The Director of Governance advised the projected housing and population growth had been taken into account and advised this would be presented to the Board.

Judicial Review

- What would be the effect of the Judicial Review?

The Director of Quality advised the Judicial Review was referred to in both the cover report and the letter received from Victoria Prentis MP. OCCG had responded. OCCG had not been informed it should cease any actions and it was important to continue due to the concerns around patient safety. No date had as yet been set for the Judicial Review. Also outstanding was the referral by HOSC of OUHFT to the Secretary of State for the temporary closure of the obstetric unit at the Horton. Stratford-on-Avon District Council had also put forward a Judicial Review request to the Secretary of State but it was unclear whether or not this would proceed as District Councils were not one of the formal bodies able to refer.

Planned Care

The Chair advised there had been support for the planned care changes but some concern around delivery. The North East Locality Director advised these concerns were being picked up in the further work. Repatriation to the Horton was supported but it was necessary for further assurance that plans were in place and transport and parking were available. The Trust was very aware of the concerns around parking and had been in discussion with Oxfordshire County Council (OCC) but it was felt it would be useful if this was picked up further.

The Chair expressed a wish for sight of plans, numbers of specialities and timescales for planned care adding it would be useful to have as much information as possible. The Chief Executive advised it would be possible to be very clear on plans for planned care and the areas committed. He explained that OCCG was the statutory body required to consult on planned care but the work was being jointly undertaken with OUHFT. When decisions were made they would be based on plans and timescales which would be as clear as it was possible to be at that point in time.

The Chair reiterated where new services were developed following temporary bed closures, the need to know numbers and outcomes. He felt there was also a question around long term sustainability of the funding for the services and the need for some guarantee of continuation for the services. The Chair suggested this should form part of the assurance for the Secretary of State test. The Director of Governance stated if there was an alternative model then it would be necessary to be clear on the funding and that the service would continue to be provided. The Chief Executive advised on the involvement of the Clinical Senate. As the Clinical Senate had signed off the original case before it went out to consultation they had been asked to review the evidence against the bed test. The Chief Executive observed the beds had not been in the system for 18 months and consequently outcome data was available. He acknowledged there were major workforce issues but explained when decisions were made it would be necessary to make them based on the best workforce predictions available. There would also be a need to address any issues in staffing a particular service. This would

include newly commissioned beds in care homes.

The Chief Executive stated work undertaken at present on Phase 2 was insufficient to enable questions to be answered but Phase 2 proposals would have an impact somewhere in the system. In the NHS most of the money was spent in large institutions and any reduction would have an impact on bed numbers. The overall strategy was to provide care closer to home which would require more resources closer to people's homes. This would have implications in terms of staffing and beds for the hospitals. There was a need to work through these implications and further work was required.

The OCC Director for Adult Services advised the community had responded to the increased complexity of patients in the community but the challenge faced by the community from increased complexity especially if there was more need in phase 2 should be noted. There would be a further ask if there was another shift in that direction.

Stroke and Critical Care

- Questioned whether further work was required around stroke and critical care as although the consultation showed there was a lot of support for the hyper-acute unit there were concerns around the rehabilitation locations
- Questions had been received expressing concern around how quickly people were discharged home from the John Radcliffe and to what location. The proposed models were not very clear.

The Director of Quality advised on the Early Supported Discharge service which would work to get people home as soon as possible and support them to function as per pre-stroke. This would be the model for the majority of patients but there would always be some patients who would need further care.

The South West Locality Clinical Director explained this area was driven by new technology and further new technology was coming on stream over the next few years. The Early Supported Discharge service had been piloted in the north and north east of the county and there were plans to expand the service. The rehabilitation of stroke patients would form part of Phase 2. There was a requirement to deliver the service in a joined up way but it would be a change over the whole system during the next few years meaning a break between the two phases of the consultations would not have any real effect on this service. A proportion of patients would need the high technology intervention immediately whilst others would decline over a few days and would then require the hyper-acute service.

The Chief Executive observed the majority of patients in the north who suffered a stroke already went to the John Radcliffe. OCCG was now consulting on all people immediately going to the hyper-acute stroke unit (HASU) and the question being raised was around where patients received rehabilitation. The outcome for patients was better through this service. It was the extra not the totality of the service which was raising some concerns. This was the same argument around the critical care service. The majority of people already attend the John Radcliffe and this would improve the outcome for all patients.

The Chair reiterated the actions required of the Board and the further work already commissioned:

- Retrospective assurance from the Thames Valley Clinical Senate and NHS England around the new 'Patient Care Test'
- The Integrated Impact Assessment for Phase 1 and Phase 2
- The travel survey being conducted by Healthwatch

	• The study of actual parking times to measure the time from a car arriving on site to being parked • The review of the obstetric options including the additional options proposed during the consultation. The Director of Governance summarised the additional pieces of work identified: • Clarity on implications and impact on sites for all service changes • Capacity to deliver and cope with extra services that are moved to Oxford hospitals and/or Horton • Clarity that the context for the decisions on service models is the whole of the population of Oxfordshire and • Capacity and workforce in community services to support changed model of care and proposed bed closures • Ambulance services capacity – including obstetric, SCBU and critical care • A further level of detail to be provided to the Board on the modelling of housing and population growth • Clarity of the evidence informing decision making • Planned care implementation plans • Links (if any) to Phase 2 on service areas • Cross boundary issues including impact on population over the county boundary and also impact on other CCG's commissioning plans. • Bed closures – alternative services in place and an indication of activity and outcomes • Workforce plans • Anaesthetics at the Horton • Stroke rehabilitation model • Analysis of individual letters to show themes had been pulled through. **The OCCG Board:** • **Agreed it was assured on the process for the consultation** • **Received the report on the consultation and noted the findings** • **Noted the work being commissioned to ensure sufficient information would be available for the decision-making meeting on 10 August 2017** • **Identified areas where additional information was required prior to decision-making.**	
	Any Other Business There being no other business the meeting was closed.	
	Date of Next Meeting: 27 July 2017, OCCG Board meeting to receive normal business of the Board, 09.00 – 12.45, Sudbury House Hotel, London Street, Faringdon, SN7 7AA 10 August 2017, Extraordinary Board meeting to make decisions on the transformation consultation, 09.30 – 11.30, Oxford Examination Schools, 75 – 81 The High Street, Oxford, OX1 4BG	